COMMISSION ON MINORITY HEALTH

77 South High Street, 18th Floor, Columbus, Ohio 43215
Phone: (614) 466-4000
Fax: (614) 752-9049
Website: http://www.mih.ohio.gov
Email: minhealth@ocmh.state.oh.us

Mike DeWine
GOVERNOR

Electra Paskett, PhD
CHAIRPERSON

April 24, 2023

Re: Federal Fiscal Year 223
MIH Demonstration Grant

Dear Colleagues:

The Ohio Commission on Minority Health, in collaboration with the Ohio Department of Health and the Centers for Disease Control, announces the availability of one-time funding for the Demonstration Grant series (MIH) at the level of $121,300 for Federal Fiscal Year 2023 (FFY23) to support two demonstration grants focusing on the prevention of cancer, cardiovascular disease, diabetes, infant mortality, substance abuse and violence. **Each project must promote health or prevent conditions that are often comorbid with COVID-19 hospitalization and death. It is important to note that this funding is on a federal grant timeline and must be expended between the time frames of July 21, 2023 through May 31, 2024 without exception.**

This is a competitive-bid process. All grants must contain mandatory clinical and non-clinical measures as well as a lifestyle modification component to include diet, exercise and screenings that follow Governor DeWine's and the Centers for Disease Control and Prevention (CDC) COVID guidelines. Funded applicants must also provide additional CDC quarterly reporting requirements during the funding time frame.

APPLICATION PROCESS - Minority Health Grant Management (MHGM) System
All applications must be submitted through the electronic MHGM system. This will allow for application submission and grant reporting. Google Chrome is the recommended browser to access the MHGM system. Pre-recorded technical assistance sessions on how to access, register and complete a grant application as well as RFP technical assistance are available on the Commission website at *www.mih.ohio.gov* under the Home Tab-Grant Opportunities page.

All grant applications must be submitted through the MHGM system to be considered for funding. If selected for funding, approved applicants will also submit all quarterly, annual, fiscal and evaluation reports through the MHGM system.

We encourage all applicants to: 1) Read the Request for Proposal; 2) Read the MHGM Applicant User Guide; 3) Listen to the pre-recorded MHGM system Technical Assistance session; 4) Listen to the Commission Grant Application Technical Assistance webinars for this grant type; 5) Read the REEP Guidance on Evaluation Measures to determine what clinical measures must be recorded and reported quarterly and 6) Read the COVID-19 partnerships that must be created and maintained in the delivery of the demonstration grant services and reported on quarterly.

We strongly advise that you allow sufficient time to allow any questions you may have to be submitted via email and responded to prior to the application deadline. Typically, responses are posted within 1-2 business days of receipt. Please send questions to *minhealth@mih.ohio.gov*.

Please note, technical assistance questions will not be answered over weekends or on holidays prior to submission. Questions posed over each weekend or on holidays prior to submission will be answered the next business day. Therefore, please submit questions in a timely manner, as described earlier.

During open rounds of funding, staff are only permitted to answer questions via email. Please send all questions to *minhealth@mih.ohio.gov*. Once answered, all questions and answers will be provided to the requester and placed on the RFPs corresponding frequently asked questions document.

The deadline for submission for this funding opportunity in the MHGM system is 11:59 pm, Monday, May 22, 2023.

Sincerely,
Angela C. Dawson
Angela C. Dawson,

Ohio Commission on Minority Health
Request for Proposals
Federal Fiscal Year 23
Demonstration Grant

BACKGROUND

In February 1986, the Governor's Task Force on Black and Minority Health was appointed to determine the reasons why a disparity existed between the health status of minority and non-minority Ohioans and to recommend methods to remediate the disparity. In April 1987, the Task Force issued a final report which included 12 recommendations. The twelfth recommendation called for the establishment of a Commission on Minority Health to implement the Task Force's recommendations.

The Commission was established by Amended Substitute House Bill 171 and commenced operation on July 1, 1987. The Commission is interested in funding projects which are innovative, culturally sensitive, and specific in their approach toward the reduction of the incidence and severity of those diseases or conditions which are responsible for excess morbidity and mortality in minority populations. Health promotion and disease prevention activities will constitute the primary focus of projects funded by the Commission during FFY 2023.

INTRODUCTION

The Ohio Commission on Minority Health announces the availability of one-time funds for grants not to exceed $121,300. This one-time funding is made available through the Commission's partnership with the Ohio Department of Health to distribute funding for the Center for Disease Control and Prevention's National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. This funding will support two demonstration grants. Applicants can only apply for up to $121,300 in FFY23 and only one application is allowed per agency. Amended Substitute House Bill 171 established Commission grants for the purpose of health promotion and prevention of disease among minority Ohioans who are economically disadvantaged. Minority groups are defined as: African Americans, Hispanics, Native American Indians, and Asians. Grants will be awarded on a competitive bid basis to community-based agencies and organizations with valid and active 501(c)(3) designation and status, as per the Internal Revenue Service (IRS) website. Furthermore, a copy of the agency's IRS tax exempt certificate must be submitted at the time of application. Agencies using the tax exemption of a national parent organization must also submit a letter of authority to use the certificate of the national parent organization. The letter must be on original letterhead of the parent organization, and it must bear the original signature of the CEO of the parent organization. Once signed, the letter must be uploaded into the MHGM system for submission with the organization's application.

This Request for Proposal solicits grant applications meeting the requirements set forth in ***Chapter 3704 of the Ohio Administrative Code***. Applications will be accepted exclusively from agencies or institutions meeting the eligibility criteria established by the Ohio Commission on Minority Health.

ELIGIBILITY

Priority shall be given to grant applicants who develop services in accordance with the mission of the Commission. To receive consideration for funding, applicants must:

- Demonstrate that at least 20% of project funds are received from sources other than grants awarded by the Commission on Minority Health.
- Be a public or private organization which has a valid and active 501 (c)(3) designation and status at the time of application.
- Develop and establish a management board for the administration of the grant, composed of proportionate representation of the population to be served and complete the Board Composition section in the MHGM system.
- Provide services near minority communities or include minority communities in their stated service area.
- Meet all licensure and certification requirements of the State of Ohio.

- Answer all questions listed on the Administrative Compliance form (located at the end of this RFP) and upload the completed form into the MHGM system, in the project documentation section.
- Comply with all current and applicable laws, regulations, rules, and administrative guidelines of the Ohio Commission on Minority Health.

The following are ineligible for funding consideration:

- Individuals.
- Organizations that do not have a valid and active 501(c)(3) designation and status at the time of application.
- National organizations: local chapters or affiliates of national organizations may be eligible if they meet the definition of a "community-based health group".
- Organizations applying for the sole purpose of acquiring funds to supplement existing programs without any plan for enlarging their scope of work.
- Organizations in the process of creating or starting a "community-based health group" for the sole purpose of applying for grants from the Commission.

Ohio Revised Code (O.R.C.) Section 9.24 prohibits the State from awarding a contract to any offeror(s) against whom the Auditor of the State has issued a finding for recovery if the finding for recovery is "unresolved" at the time of the award. By submitting a proposal, offeror warrants that it is not now, and will not become a subject of an "unresolved" finding for recovery under O.R.C. 9.24, prior to the award of any contract arising out of this RFP, without notifying the Commission of such finding.

PUBLIC RECORD NOTICE

It is expressly understood by the parties that the **Ohio Commission on Minority Health (OCMH)** is a public office and is subject to the *Ohio Public Records Act, O.R.C. 149.43*, et. seq. Upon receipt of a public records request, **OCMH** is required to provide prompt inspection or copies within a reasonable period of time of responsive records that **OCMH** determines, in its sole discretion, are public records subject to release.

If your organization chooses to not have what is considered a proprietary trade secret released, they must submit the following statement on agency letter head with a dated signature of the agency director to the Ohio Commission on Minority Health.

*"**OCMH** agrees not to disclose, without giving prior notice, any specific information that (**organization**) has previously identified as a proprietary trade secret. In the event that a person seeks that information through a public records request, **OCMH** will notify (**organization**) in the course of **OCMH's** legal review to give (**organization**) an opportunity to establish to the satisfaction of **OCMH** that the information constitutes a proprietary trade secret that is exempt from disclosure under the Public Records Act. If **OCMH** does not find that the information constitutes a proprietary trade secret, **OCMH** will notify (**organization**) of its intention to disclose the information in accordance with law. (**Organization**) may choose to seek appropriate legal action, including injunctive relief, to prevent disclosure of the information at issue."*

CRITICAL ELEMENTS OF ACTIVITIES

Each project **must promote health or prevent conditions that are often comorbid with COVID-19 hospitalization and death.** Culturally relevant health promotion and disease prevention constitute the focus for this grant program. For this one-time funding the Commission has determined that grants focusing on at least one of the following areas will be considered for FFY 2023 funding:

- Cancer
- Cardiovascular disease
- Diabetes
- Infant mortality

- Substance abuse – youth prevention
- Violence – youth prevention

Behavior change resulting in improved health status and outcomes is the goal of Commission funded projects. Therefore, grants that rely heavily on screening services exclusive of interventions for measurable behavior change will not receive high priority. **Applicants must comprehensively address the reduction and elimination of known risk factors in the program design.**

All grants must recruit and retain a minimum of 100 participants. Grants targeting chronic diseases must contain a lifestyle modification component to include diet, exercise, and screenings. In most cases, primary prevention activities will be given higher priority than secondary or tertiary plans. Grants targeting substance abuse and violence must contain lifestyle modifications as well as alternative drug free and violence free activities.

All grantees must create or maintain an advisory board. This advisory board shall include no less than one member who has received services from the program and the board membership should reflect the targeted population. The advisory board focus is to provide feedback to the implementing organization regarding program services, recruitment, implementation, and delivery which informs the quality improvement process with the intent to improve program outcomes.

Attention should be paid to the **Method of Implementation** section under **Proposal Preparation** sections of the application. Applicants should clearly and succinctly, due to application text box character limits, delineate and explain the methodology that will be used to demonstrate measurable behavior change.

- **Priority will be given to grantees who are able to provide services to a proportionate number of individuals per fiscal year based on funding request. 100 participants must participate at a minimum.**

- In designing the proposal, it is important to note that the Commission is interested in new, innovative, culturally relevant program models.

- This program should not be viewed as a supplement to the agency or other systems.

- School based programs **must be budgeted and programmed for the entire 12 months** and cannot be limited to the school year (6– 12 or collegiate).
- The Commission requires grants that propose service delivery in a school setting to also contain a community component involving all or some of the family unit of the school participants based on established criteria for inclusion.

- The Commission requires full pre/post evaluations of summer portions of a school-based program to include mandatory clinical measures. For more information, visit the Commission website at *www.mih.ohio.gov*. From the home page, scroll down to the current grantees box and click on the evaluation guidance link to consult the *Evaluation Guidance* for mandatory clinical measures.

MINORITY HEALTH MONTH PROGRAMMING REQUIREMENTS

All funded agencies must:
- Participate in the OCMH 2024 Minority Health Month Kick-Off activities
- Conduct a minimum of two separate, in person or virtual Minority Health Month events during April of 2023.
- Submit MHM activity sheets, so the events can be included in the Commission's calendar of events.
- Submit MHM program and fiscal activity overview.

FUNDING

The Request for Proposals has a maximum one-time funding of up to $121,300 for time period, per applicant agency for Federal Fiscal Years 2023. **ONLY ONE APPLICATION WILL BE ACCEPTED PER AGENCY.** The funding period for this RFP is July 21, 2023 – May 31, 2023 (1 year) with an immediate startup required. There must be recruiting of staff and

program participants in the first month of funding July 2023. It is expected that the hiring of staff and the implementation of program activities would occur no later than August 2023.

The Commission will not consider funding for proposals:
- Which seek funding to support residential services.
- When treatment constitutes the primary service.
- Which request funds for the purpose of construction or renovation.
- To conduct research and/or studies independent of service delivery.
- Which are legislatively mandated and funded by other public dollars.
- Exclusively designed to conduct conferences or workshops.
- Agencies, previously funded for a biennial grant using the same model that did not obtain at least 30% of cash match of award level from an external source.

APPLICATION DEADLINE

Applicants must submit their application in Minority Health Grants Management (MHGM) System. The grantee must provide all required documents to include but not limited to signed and dated Civil Rights Act of 1964, Rehabilitation Act of 1973, IRS W-9 form, grant signature pages as well as an IRS 501-c3 letter. All signature forms must have a current date. The Commission will not obtain documents on behalf of the grantee or utilize documents from previous funded Commission grants. Grants missing required forms, required signatures with current dates will be considered incomplete and will not be reviewed.

All applications must be submitted in the MHGM system by 11:59 p.m., May 22, 2023. Applications submitted after the deadline will be considered late and will not be reviewed.

PLEASE BE AWARE: The submission of a technical assistance request regarding the application guidelines or the MHGM system during the application period will not change the application due date.

HAND DELIVERED, FAXED, EMAILED OR US MAILED APPLICATIONS WILL NOT BE ACCEPTED.

Pre-Recorded MHGM System - Technical Assistance Session
The Technical Assistance sessions to orient grantees to the new MHGM system is available on the Commission website at ***www.mih.ohio.gov*** under the Home tab/Grant Opportunities page.

Grant Application Details – Technical Assistance Sessions
The Grant Application Overview webinar is available on the Commission website at ***www.mih.ohio.gov*** on the Home tab-Grant Opportunities page. All applicants are encouraged to view the technical assistance webinars.

PROPOSAL PREPARATION

Proposals that do not provide all of the requested information, or do not meet all the requirements specified in the RFP,   will be

determined incomplete and will be disqualified. The Applicant User guide can be accessed on the Commission website at www.mih.ohio.gov under the Home Tab-Grant Opportunities Page-Biennial Funding

Please refer to the table of contents of the Applicant User Guide general MHGM information to locate content regarding account creation, passwords, login, and quick tips.

Responses to this RFP application should be prepared following the guidance described below.

IMPORTANT:

- **The application sections do not have a save button. Grantees will have a maximum of 15 minutes to enter information per page. This is shown in a timer in the upper right corner of each page.**

TIP: You can enter an X in each response box within a section and this will allow the application to move forward to the next section. You can then later return to the response boxes to enter your responses.

Please gather all materials needed to complete and submit the application. If you are actively working in the system, you will not be logged out. However, there is a countdown clock at the top of the page and when the timer goes under 5 minutes, and there has been no activity (typing, scrolling, etc.) a pop up will be displayed. The pop up will ask if you want to continue the session. If you are not at your desk when the pop up comes up the system will log you out. When you log back in, an indicator triangle will show up and ask if you want to retrieve your unsaved data.

1. **Face Sheet:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
2. **Organization Information:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide to locate the organization information section in the table of contents.
3. **Project Abstract:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
4. **Proposal Narrative:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
   a. Health Areas to be Addressed
   b. Demographics (Race, Ethnicity, Gender, Age Groups)
   c. Description of the Applicant Agency
   d. Problem Need Statement - In your response to these questions, be sure to provide a comprehensive narrative to describe the target area, target population, target area's problems, needs, supporting data and research as well as the agency's capacity to serve the target population.
   e. Comparative Advantage Return on Investment
   f. Elements of Sustainability
5. **Staff Description:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
   a. Staff Demographics
   b. Board Member Demographics
   c. Advisory Group Demographics
6. **Method of Implementation:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide. In your response to these questions, be sure to provide a comprehensive narrative describing the proposed activities that will be provided under this grant.
7. **Project Action Plan**: To complete this section access the application in the MHGM system and refer to the Applicant User Guide. Applicants will complete this required section in the MHGM system under Project Action Plan (formally standardized goals and objectives) FFY23. As a reminder, all **required** goals and objectives must be responded to, applicants will also provide information related to approaches and activities. Optional objectives are not required. For instructions on how to complete this section please refer to your MHGM Applicant User Guide.

To this end, while completing the project action plan, the applicant must address each required goal and each required objective for the disease or condition on which the application will focus. For example, if diabetes is the disease on which an application will focus, one must consult the REEP Evaluation Guidance and look within the Diabetes   prevention

narrative to ensure that the application addresses all the specific required clinical and non-clinical measures for diabetes prevention.

Please remember, grantees are required to collect baseline data, report on all measures quarterly and must provide a quarterly comparison of all measures between quarters. The following are **examples** of several (not all) of the required comparison measures for a diabetes prevention program:

- How many individuals have been identified as pre-diabetic at program enrollment and have moved out of that status based on the A1C by the end of the quarter?
- How many individuals have been identified as pre-diabetic at program enrollment and have moved out of that status based on the A1C year to date?
- How many individuals have reduced their BMI by 10% from program enrollment to the end of the quarter?
- How many individuals have reduced their BMI by 10% from program enrollment, year to date?
- How many individuals have shown an increase in knowledge related to educational component by end of the quarter?
- How many individuals have shown an increase in knowledge related to educational component by year to date?
- How many individuals have shown an increase in physical activity related to exercise component by end of the quarter?
- How many individuals have shown an increase in physical activity related to exercise component by year to date?
  - o COVID-19 Partnerships: To complete this section, the applicant must upload the projected partnerships and their roles in the Project Documentation area and report on them quarterly. This reporting document will be provided after funding decisions are made.

8. Line-Item Budget: To complete this section access the application in the MHGM system and refer to the Applicant User Guide.

A. General Information:

- Enter the required budget information in the MHGM system. Be sure to include costs associated with developing and implementing your proposed demonstration grant. Instructions are included for each form as appropriate.
- Enter the budget narrative describing <u>unit cost and itemization of each line item</u> in the MHGM system.
- Enter the 20% required matching funds. *Administrative Code 3704-2-02* states**: "*That at least twenty percent of applicant funds and/or resources are received from sources other than grants awarded by the Commission on Minority Health"*. In other words, the Commission cannot be the sole funding source of an agency. Please note, this 20% match is not required to be a cash match but can be in-kind resources.
- Specified line-item costs are appropriate and reasonable/justifiable.
- Costs support direct client activities.
- All line items must be itemized and list unit cost for each requested expenditure.
- The Narrative should provide a detailed overview of the specific budget line item.
- Budget Appropriateness and Reasonableness. **Please note: all line items need to be itemized and list unit costs. This should be detailed and reflect a per-hour or unit cost.**

B. Direct costs/Personnel /Fringe Benefits/Other – Instructions

i. Only those employees in positions which provide direct client services are to be listed in the personnel section.
ii. Do not list contractual personnel or consultants in this section. They should be entered in the Contractual section.
iii. Provide the yearly salary budgeted for each position listed. The amount should be consistent with similar positions in the agency based on Full-Time Equivalency (FTE).
iv. The total number of months of employment projected per position for this grant.
v. Calculate the percent of time the employee will devote exclusively to the project under this grant; for example, a 40-hour per week agency employee who provides 20 hours of service on this project would

be listed as 50%.

    vi.   Provide a narrative on the employee's salary that will be funded by the Commission based on annual salary number of months on the project and the percentage of time on the project.

Example: 1) An employee with an annual salary of $15,000 who works 12 months at 50% of his/her time would earn $7,500 from Commission funds; 2) an employee with an annual salary of $20,000 who works nine months at 25% of his/her time on the project would earn $3,750 from the Commission.

    vii.   If the agency pays one rate during a probationary period with an increase after probation, state budget assumptions on separate lines for each category and provide a narrative explanation.

    viii.   Provide the detailed narrative for the fringe benefits to be charged to the grant for all positions listed in the budget.

    ix.   Provide the percentage of employee fringe benefits.

    x.   Where appropriate, match must be identified for each line item.

C. Travel

    i.   Only employees who implement and provide direct services detailed in the project proposal and included in the approved budget may be reimbursed for actual travel expenses.

    ii.   Consultants may not charge travel to the grant under the travel category. Their travel must be included in the contract for reimbursement.

    iii.   State estimated number of miles that will be traveled and the rate at which payment would be made, not to exceed the State of Ohio of $.55 cents per mile. Example: 1,000 miles at $.55cents = $550.00

    iv.   Projected number of overnight lodgings, number of people involved and the rate per day/per person should be stated. Lodging rate per day/per person may not exceed the state rate of $80.00 plus room tax (if applicable).

    v.   Meal expenses are allowable for dinner and breakfast when on an approved overnight stay, not to exceed $27.00 per day with receipts for full days of travel preceded and followed by overnight stays.

    vi.   Out-of-state travel is a non-allowable cost under this grant.

    vii.   Fees for conferences/training sessions, when determined to be related to specific job- duties and/or responsibilities are reimbursable or allowable. Projected number of such sessions and costs should be stated.

    viii.   Travel cost (mileage, meals, and hotel accommodations) to attend the Awards Ceremony and Health Expo scheduled for March 2024.

D. Equipment

Equipment is any tangible item having a useful life of one year or more which is purchased in whole or in part with Commission funds. **Non- allowable costs include, but are not limited to, the following under this grant:**

- DVD players/accessories
- Portable cameras
- Television
- Computers (laptops, tablets, notebooks, etc.)
- Ink Cartridges
- Typewriters
- Furniture (will provide state/federal salvage applications to successful grantees)
- Surcharge of Cell phones
- Vehicle purchases

- Reflotron machines
- Copiers
- Refrigerators
- Baby/infant seats, cribs, clothing, shoes
- Wii and other high-priced computer games or Fitbits
- Cell Phones
- Projectors
- PPE (mask, ventilators, gloves, cleaning supplies)
- Incentives or Gift cards
- Vaccination incentives

Leasing/rental of any of this equipment may be considered. The rate per month and the number of months for leasing/rental should be stated.

E. **Supplies** **(Each item must have a cost per unit stated)**

For purposes of Commission funds, supplies consist of expendable property items which have a useful product life of one year or less. Supplies include all tangible, expendable property other than equipment purchased with Commission funds. Equipment priced less than $100 (e.g., staples, scissors, wastebaskets, paper, and pens) is considered office supplies.

Consistent with the [Governor's Executive Order 2007-09S](), "refreshments" are not reimbursable under this grant. (See Commission website at [www.mih.ohio.gov]() to review this EO.)

- **Printing:** Costs may include typesetting, actual printing or photocopying of the material which is completed by a commercial printing company. Included also are costs for pamphlets, brochures, and flyers. Provide the unit cost.
- **Contracts:** Agreements for all sub-contracts must be submitted with the following being addressed: scope of service, beginning/ending date, hourly rate, and total number of contract hours.
- **Advertising:** Specify the media and cost of advertisement (e.g., 3 ads at $50.00 per ad)

- **Evaluator:** As indicated in the Proposal Preparation section, the internal evaluator must be selected from the approved list of REEP evaluators. A list of these evaluators is located on our website at [www.mih.ohio.gov]()
- **Program Audit:** If funded for Year II, agencies must include the cost for a program audit. (N/A for FFY 23 grant)

- **Minority Health Month**: Agency must conduct two separate MHM events during April 2024.

- **Medication:** Medication is NOT an allowable cost. The Commission funds prevention activities and expects grantees to serve participants to prevent chronic diseases and conditions

F. **Indirect Costs/Rent/Administrative/Maintenance/Repairs/Other**:

Total cost must not exceed 15% of the   amount   requested. Administrative costs can be **direct and/or indirect and must be itemized.** Below are types of administrative examples:

i) **Administrative charges**: salaries of support staff (administrators, secretaries, accountants). Provide the percentage of time on the project per line item and unit cost;

ii) **Rental/space leasing**: space rental is an allowable cost. Space for which rental fees will be paid must meet the following requirements:

   a. The number of months and the rate at which payment will be made should be stated;
   b. When rent is shared among several programs, the amount charged to the Commission must not exceed the Commission's fair share. The agency must submit documentation of how the Commission's fair

share was determined (e.g., if Commission-funded project uses 20% of the space, the Commission may be charged no more than 20% of the total rent);

c. Submit a copy of the lease which includes the building owner's name, location of the building, square footage, total amount of rent paid, terms of agreement, termination clause, signatures of lessee and lessor;

d. Approved rent is non-transferable from the original site to a new or relocated site.

e. Rent will not be approved for:

- space which is paid for by another state/federal program or private grant;

- space in buildings purchased with federal funds;

- space donated to the applicant agency.
- utilities: heat, water, electricity, etc.

It is important to note that this funding is on a federal grant timeline and must be expended between the time frames of July 21, 2023 through May 31, 2024 without exception.

9. Project Documentation - To complete this section in the MHGM system, refer to the Applicant User Guide. **Please note, items in MHGM that have an asterisk (*) beside them are mandatory upon submission of the grant.**
The project documentation area consists of a list of required documents that must be downloaded and uploaded in into the MHGM system for submission with your application. For a list of mandatory downloads and a list of mandatory uploads, please consult the applicant user guide as instructed above.

10.Evaluation Plan

a. Please be advised that the evaluation plan must be uploaded into the Project Documentation section. As you write your evaluation plan, please note that projects must include indicators that document a change in 1) the required clinical measurement for the specific chronic disease or condition the applicant intended to address such as but not limited to A1C reduction, body weight reduction, blood pressure reduction, cholesterol level reduction, or other relevant clinical health measurements. In addition, all funded projects must also measure change in increased   physical activity as well as knowledge, skills, and awareness. Please refer to REEP Evaluation Guidance for a   complete list of required clinical measures for the specific chronic disease or condition the applicant intended to   address in its program and evaluation plan. The guidance can be found on our website at ***www.mih.ohio.gov***, under the Current Grantees section at the bottom of the homepage.

b. Funded programs are responsible for contracting with vendors for the collection of clinical health measures directly or through partnerships. The quarterly collection of these measures is the ultimate responsibility of the funded agency.

c. This Demonstration grant requires the implementation of clinical measures per the Evaluation Guidance.

This is not optional and must be a part of the evaluation section. Organizations must demonstrate the ability to implement quarterly clinical and non-clinical measures to evaluate program   effectiveness as per grant RFP and REEP Evaluation guidelines.

PLEASE NOTE: The establishment of the baseline measures is required within the first funded quarter and the evaluation of objectives must occur on a quarterly basis. Please ensure that you build into your project action plan the collection of required participant data (clinical measures, feedback) on a quarterly basis to allow for the reporting of behavioral outcomes that aligns with OCMH's quarterly reporting schedule.

Organizations must also be able to report on degrees of change for all clinical measures on a quarterly basis. Reporting on degree of change will allow OCMH to see the direct impact the programs are making on participants and determine programmatic changes that may need to occur in implementation, participant education sessions, etc. Clinical and non-clinical measurement data analysis should be reported on in every quarterly evaluation report. This data analysis is able to show the impact of the program.

The approved project action plan will pre-populate in the quarterly reports section; to include data entry for numeric based objectives and narrative space for quantitative objectives. Please be mindful of character limits.

Additionally, for each objective not reached by the end of the quarter, the grantee must submit a plan to achieve the objective in the upcoming quarter by uploading the plan in the Program Documentation section of the MHGM system before submitting the quarterly report.

NOTE: All Commission funded grantees are <u>required</u> to work with the Research and Evaluation Enhancement Program (REEP) of Wright State University in implementation of the evaluation of the project.

d. The evaluator must be selected from an approved list of REEP evaluators.

<u>**All grantees must refer to the Evaluation Guidance Packet in preparing the proposed evaluation plan and required areas that must be measured**</u>.

Visit our website for a complete list of approved evaluators and the guidance packet on our website Home Page-Current Grantees

e. Grantees must comply with all clinical measures by disease/condition per evaluation guidance.

f. Grantees targeting minor participants (children) must describe a through process to obtain parental consent for mandatory invasive and non-invasive clinical measures such as A1C and blood pressure measures. As well as non-clinical measures such as knowledge, awareness, and attitudes.

g. Program participants under 18 must have parental permission to participate in all areas of the program to include mandatory clinical measures and non-invasive clinical measures.

h. The projected numbers for evaluation purposes must be based on those who both participate in educational programing as well as non-clinical and clinical measures.

i. Describe, in detail, the method(s) that will be used to determine whether the established goals and objectives are being met and whether the expected outcomes are being achieved. **Do not state in percentages**. Limiting your response to a statement such as, "we will hire an evaluator," will be considered non-responsive.

j. The evaluation plan should offer valid time-lined outcomes and effectiveness of the project. Evaluation procedures are qualitative, quantitative, document intervention, and assess the degree to which intended objectives are achieved by clients or the agency. Therefore, it is necessary for the agency to engage an evaluator from the beginning of the project through the end of the life of the project. An evaluator should be included in the project to assist the program director in designing client assessment forms in order to retrieve demographics and baseline information and to measure behavioral changes.

k . Applicants are strongly encouraged to contact an evaluator when developing the proposal.

<u>**Please NOTE:**</u> The Commission <u>**will not**</u> consider funding proposals to conduct research and/or studies independent of service delivery.

<u>**l. Institutional Review Board (IRB)**</u>

- o For Grantees pursuing IRB approval, if you are working with an academic institution, your evaluator may be involved in a review process with the college or university's Institutional Review Board (IRB). It is important to keep in mind that the IRB process generally takes several weeks to complete and may add time to the start-up of the project. **However,**

submission of the IRB does NOT stop the program activities required startup date. Program activities must begin on June 2023. Please note, during the program year, data or Commission staff may suggest necessary program changes that must occur to help ensure program objectives are met or to ensure the program is operating within RFP guidelines. These changes may be required even with an IRB in place. Please have a contingency plan to continue programming as required while awaiting IRB approval.

The OCMH expects grantees to perform direct service within the first quarter of project funding. **It is recommended that you simultaneously apply for IRB approval when you apply for OCMH funding**. If it is later determined the IRB will not be needed there will be no detriment to the OCMH funded project. Applicants must demonstrate that the program activities will start in June 2023 and are ongoing without gaps in services.

11. **Signatures:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.

12. **Submit:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.

PROPOSAL REVIEW / SELECTION

Responses to this RFP, which are determined to be complete and in compliance with the requirements of the Commission will be reviewed following the general criteria listed below. A weighted system will be applied to the proposal criteria. The weighed system will not be shared with applicants.

The final selection process will involve a ranking system based on the weighted score, reflecting compliance with the proposal criteria. Grants will be awarded to the highest-ranking applicants who represent a combination of geographic, demographic, service delivery/program activity mix, targeted to ethnic/racial groups, and diseases and conditions as identified by the Commission in this RFP.

Proposal Scoring
(Items which are considered during the review of grant applications):

I. **Service Area Design**
   a. There is clear documentation of an access problem for health care or identification of a disproportionately at-risk population.
   b. Programs are directed at a clearly defined target population consistent with the Commission's definition of economically and/or disadvantaged minorities.
   c. The need for the program is well documented.

II. **Innovation and Impact**
   a. The project is designed specifically for the proposed target population and includes measures to determine the acceptability of services to the community.
   b. The project will result in some measurable impact on the identified population.
   c. The applicant states expected health behavior outcome changes as a result of proposed interventions.

III. **Program Design**
   a. The applicant has demonstrated that cultural beliefs, attitudes, and practices have been considered and included in designing the program.
   b. Barriers to service, i.e., availability, acceptability, language, and cost have been considered, and appropriate recourse is included in the approach to the project.
   c. The problems to be addressed are clearly stated in specific rather than general terms, can be reasonably addressed during the grant period, and can be accomplished with the dollars available for the project.
   d. Program design should describe the clinical and non-clinical measure procedures that ensure data collection and reporting procedures.

IV. Evaluation

a. The applicant has a plan to measure required goals and required objectives per the evaluation guidance.
b. The applicant has plans to establish baseline data for all clinical measures and collect and report participant data on a quarterly basis to determine behavior outcomes.
c. The applicant reviewed the planned comparison of the degree of change between all clinical and non-clinical measures each quarter after baseline data is measured. Reporting on degree of change will allow OCMH to see the direct impact the programs are making on participants and determine programmatic changes that may need to occur in implementation, participant education sessions, etc.
d. Applicant acknowledges that for each objective not reached by the end of the quarter the grantee must report on a plan to achieve the objective in the upcoming quarter.

V. Budget Appropriateness and Reasonableness

- Administrative Code 3704-2-02 states**: "*That at least twenty percent of applicant funds and/or resources are received from sources other than grants awarded by the Commission on Minority Health"*. In other words, the Commission cannot be the sole funding source of an agency. This 20% should not be perceived as matching funds.
- Specified line-item costs are appropriate and reasonable/justifiable.
- Costs support direct client activities.
- Grantees must build in and account for the projected cost for the collection of all clinical measures into the budget. Meaning that all grantees must submit a plan on how the clinical measures will be collected quarterly and the associated costs. Grantees may contract with an outside agency or include an existing staff member's time into the budget to obtain all required clinical and non-clinical measures.
- **Unit costs must be provided for all items listed/requested in the budget. This includes administrative costs as well**.

Grant Reporting/Participation Requirements

Prior to submitting this proposal, please be aware that there are grant reporting mechanisms and evaluation reports that are required to be submitted to the Commission on a quarterly basis if funded. Grants management is required by your agency to be responsible for submission of or participating in the following:

a. The Acknowledgement of Terms (AOT) will be provided to grant recipients after the awarding of the grant. The AOT will contain fiscal and program special conditions which must be complied with, failure to meet these requirements will result in forfeiture of the grant.
b. All grant recipients must have a fully executed Acknowledgement of Terms (AOT), to include original signatures on the AOT as well as compliance with all identified program and all identified fiscal special conditions within 60 days of grant notice of award.
c. Make sure program activities will start in June 2023 and are ongoing without gaps in services.
d. For the OCMH/ODH-CDC grant, quarterly reports will be due 10 days after the close of the quarter (July 10, 2023, October 10, 2023, January 10, 2024, June 10, 2024 (grant ends May 2024).
e. Submission of Program and Fiscal quarterly reports (in MHGM) along with the Program Evaluation Report.
f. Ensure Program Evaluator Reports are reviewed by assigned REEP Panel Members prior to submission (via upload) to the Commission.
g. The Funded applicants will be required to participate in the 2024 MHM Kickoff Expo sponsored by the Commission scheduled for March 2024.
h. Applicants must implement two separate minority health month activities during Minority Health Month in April 2024.
i. Cannot substitute MHM funds for other agency events.
j. Must submit MHM activity sheets once grant is awarded. MHM Activity sheets can be found on our Commission website.
k. Must submit MHM final report, to summarize each MHM event. Commission staff will supply these forms.
l. The Program Director and REEP Evaluator will participate face to face, Webinar, and/or conference call meetings with the REEP Panel member assigned to their grant.
m. Participation in monthly MIH phone calls

n. Year-end Program Evaluation Report by the required deadline.

1. Provide the description of improvements to infrastructure components and capacity that are NEW (developed or delivered something that did not exist previously), IMPROVED (made something that existed better), or EXPANDED (increased something that previously existed).

    Examples include:

    - Training and education delivered within the community or partner organizations
    - Improvements to coalitions or advisory groups
    - Description of improvements not related to infrastructure
    - Total population reach

2. Population reach by health improvement zone:

    a. Please reference ODH's Health Improvement Zones website to cross reference your project area by the social vulnerability index: ***https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones***

3. Population reach by demographic (please use OCMH demographics from MHGM)

4. A form for reporting this information will be provided after funding decisions are made.

NOTE: Please double-check your grant proposal for accuracy. Not submitting mandatory required documents and forms with required signatures and current dates will result in an incomplete application and can disqualify your application. The following items WILL impact your overall score: Incomplete application sections and/or not including unit costs for budgeted line items for requesting Commission funding.